

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kirk B. Hinman

Mailing Address 6402 Karlen Road

City

Rome

State

NY

Zip Code

13440-7452

FEC ID number of contributing federal political committee.

C

Name of Employer  
Utica First Insurance Com-  
pany

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573755

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Toni L. Chodrick

Mailing Address 2104 NW Crystal Drive

City

McMinnville

State

OR

Zip Code

97128-2553

FEC ID number of contributing federal political committee.

C

Name of Employer  
Oregon Mutual Insurance  
Company

Occupation  
Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573756

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Brian M. Steffel

Mailing Address 1533 NW Medinah Dr.

City

McMinnville

State

OR

Zip Code

97128-5087

FEC ID number of contributing federal political committee.

C

Name of Employer  
Oregon Mutual Group

Occupation  
Asst. Vice President - Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573757

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....